

Register Now!

Third Annual Philadelphia Trauma Training Conference

East Falls Campus of Thomas Jefferson University

July 30-August 1, 2019

INSTRUCTIONS: Please complete this entire form and return it to the Department of Community and Trauma Counseling either via fax or by mail along with payment.

If you do not have an account set up in our CPD@JeffLEARN webpage, a profile will be set up for you. An email will be sent to you with additional instructions on how to access your account.

Title (Dr, Mr, Ms, Mrs)	First Name	MI	Last Name	Personal Title (II, Jr)
Degree (MD, PhD, BSN, MSN, MBA, etc)			Specialty/Sub Specialty	
Company/Organization Name		Position/ Job Title		Jefferson Campus Key
Address		City	State	Zip Code
Mobile Phone Number*		Other Phone	Email Address	

*your mobile phone number will not be disseminated and is only intended to record attendance at selected activities.

FOR PHYSICIANS ONLY: NPI# _____ State Licensure # (only 1 state needed) _____

Registration Fees *Registration Deadline is: July 16, 2019*

Rate	Earlybird Fee (before June 15th)	Regular Fee (starting June 15th)
Registration Rate	<input type="checkbox"/> \$300	<input type="checkbox"/> \$375

Chose a learning track (check one): Young Child (0-5) K-12 Education Medicine/ Health Clinical Mental Health Justice System Child Welfare Philanthropy Community Member/ Faith Based Organization

For groups of 3 or more individuals and students, please contact Neil Andress at Neil.Andress@jefferson.edu for a group discount.

To register please use one of the following options, based on payment method. Registration will **not** be processed unless full payment is received.

CHECK: Please make check payable to SKMC at TJU, Office of CME. Do not send cash.

Mail to: Philly Trauma 2019 - 4201 Henry Avenue, CTC: Hayward Hall Room 220, Philadelphia, PA 19144

Check is enclosed. Check Number: _____

Credit Card: If paying by credit card, we suggest you register online (<https://cme.jefferson.edu>). However, you may fax this form with credit card payment to (215) 923-3212.

I hereby authorize use of my: Visa MasterCard Amex Amount \$ _____

Account Number: _____ Expiration Date: _____

Cardholder's Name: _____ Cardholder's Signature: _____

Billing address (if different from above): _____

Please do **not** include me in upcoming events mailing lists.

If you have any special needs, please contact the CME Office by [July 16, 2019](#) at 1-877-JEFF-CPD or 215-955-6992.